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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

1

Application Number 10/716,123

Filing Date 11/17/2003

First Named Inventor Robin Kay Deverich

Art Unit 2837

Examiner Name Lockett, Kimberly R.

Attorney Docket Number DEVR.101

ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/
Incomplete Application

☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☒ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify
below):

Self Addressed, Stamped Postcard Receipt
for date-stamp and return

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Technology Law Group

Signature

Printed name

Paul Roach

Date

11/8/07

Reg. No.

45,045

CERTIFICATE OF TRANSMISSION/MAILING

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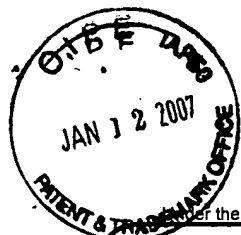
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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/716,123
Filing Date	November 17, 2003
First Named Inventor	Robin Kay Deverich
Art Unit	2837
Examiner Name	Lockett, Kimberly R.
Attorney Docket Number	DEV.R.101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 55350

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

55350

OR

☐ Firm or
Individual Name

Address

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State

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Country

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Robin Kay Deverich

Date

12/30/2006

Telephone

949-854-3131

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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